

# Direct Payment Plan Authorization



***I authorize Saint Katharine Drexel Catholic Community to initiate entries to my account as follows:***

Designate the date(s) and amount for withdrawal:

1<sup>st</sup> of the month

\$ \_\_\_\_\_ withdrawal amount

15<sup>th</sup> of the month

\$ \_\_\_\_\_ withdrawal amount

30<sup>th</sup> of the month

\$ \_\_\_\_\_ withdrawal amount

From:  Checking (attach a voided check)

Savings (attach a savings withdrawal form)

Start Date \_\_\_\_\_ Name(s) \_\_\_\_\_

***This authorization will remain in effect until I notify you in writing to terminate the authorization. If the amount of my gift changes, I will let you know at least 7 days before the payment date.***

Signature(s) \_\_\_\_\_